

Exhibit 1

Michigan Department of Labor and Economic Opportunity
Michigan Occupational Safety and Health Administration
www.michigan.gov/miosha



☒ General Industry Safety and Health

☐ Construction Safety and Health

NOTICE OF ALLEGED SAFETY OR HEALTH HAZARDS

Complaint Number: _____

It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Michigan Occupational Safety and Health Act of 1974, as amended. Violators can be punished by a fine of not more than \$10,000, or by imprisonment of not more than six months, or by both (Section 35(7)).

☒ I have read the statement above and agree that the information I am submitting on this complaint is truthful and accurate to the best of my knowledge.

Establishment Name:	University of Michigan, School of Dentistry		
Worksite Address: (Street, City, State, Zip)	1011 North University Ave Ann Arbor, MI 48109		
	Site Phone:		Site Fax:
Employer Mailing Address: (if different from worksite)			
	Mail Phone:		Mail Fax:
Management Official:			Telephone:
Type of Business:	Patient care facility/education		

HAZARD DESCRIPTION/LOCATION. Briefly describe the hazards you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

The school makes their employees wear a non breathable plastic shower curtain material while treating patients. This garment creates a known issue with body overheating and the employer has sent emails informing employees that they know this garment is hazardous to their health by creating a heat illness while wearing the garment even after acknowledging that there are alternatives that won't cause these issues and they won't supply them. They stated that even though they know people have had overheating problems because of this garment, that they are more concerned with the waste disposable garments create than the continued health issues many employees and students have had happen to them.
The employer has been made aware of the problem and has repeatedly failed to correct it causing employees health to be sacrificed as a result. They choose to ignore complaints over the health of those working and providing care to patients.

Has this condition been brought to the attention of:	<input checked="" type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency (specify)		
Please indicate your desire:	<input type="checkbox"/> I do NOT want my name revealed to the employer. <input checked="" type="checkbox"/> I want my name revealed to the employer.		
The undersigned believes that a violation of an occupational safety or health standard exists which is a job safety or health hazard at the establishment named on this form.	Check ONE box. <input checked="" type="checkbox"/> Current Employee <input type="checkbox"/> Representative of employees <input type="checkbox"/> Former employee, last date worked: <input type="checkbox"/> Other (specify):		
Complainant Name:	Mark Stanalajczo	Telephone:	734-306-7858
Signature:	e-signature checked	Date:	6/16/2022 9:30:24 PM
Please indicate how you would like the results of your complaint to be sent to you. Email results			
8352 Kearney Rd Whitmore Lake, MI 48189 Email: mstana@umich.edu			
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title.			
Organization Name:		Your Title:	

MIOSHA -7a (rev.12/20)	The Department of Labor and Economic Opportunity will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Completion: Voluntary	

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